HIT Standards Committee
Implementation Workgroup
Transcript
January 7, 2013

Presentation

MacKenzie Robertson – Office of the National Coordinator

Thank you. Good morning everyone; thanks for being patient. This is MacKenzie Robertson in the Office of the National Coordinator. This is a meeting of the HIT Standards Committee's Implementation Workgroup. This is a public call and there will be time for public comment at the end of the agenda. I'll now quickly go through roll call. Liz Johnson?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Liz. Cris Ross? Anne Castro?

Anne Castro – BlueCross BlueShield of South Carolina – Vice President, Chief Design Architect

I'm here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Anne. John Derr?

John F. Derr, RPh – Golden Living, LLC – HIT Strategy Consultant

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, John. Tim Gutshall? Joe Heyman?

Joe Heyman, MD – Whittier IPA

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Joe. David Kates?

David Kates – NaviNet – Senior Vice President, Clinical Strategy

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, David. Tim Morris? Stephen Palmer?

Stephen Palmer – Texas Health & Human Services Commission

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Stephen. Sudha Puvvadi? Wes Rishel? Ken Tarkoff? John Travis?

John Travis – Cerner Corporation

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, John. Micky Tripathi? Gary Wietecha?

Gary Wietecha, MD – NextGen Healthcare

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Gary. Rob Anthony? Kevin Brady? Tim Cromwell? Nancy Orvis? And are there any ONC staff members?

Scott Purnell-Saunders – Office of the National Coordinator

Good morning. Scott Purnell-Saunders.

MacKenzie Robertson – Office of the National Coordinator

Good morning, Scott.

Melissa Manis – Office of the National Coordinator

Good morning, Melissa Manis.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Melissa. Okay, with that, I'll turn it to you Liz.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Great. So, what we want to do, you got a document from Scott yesterday and what the Implementation Workgroup was assigned is indicated inside of that grid and what they did was they took all of the … there were several pages or several pages of questions related to the Meaningful Use Stage 3 and we were assigned specific areas where they want us to comment. We can comment on other areas, but we need to comment on these first and Anne hearing your comment, yes there were some comments that we made last time in our presentation that we will bring back in this time, a very specific example is that we're really worried about timing and the fact that we are again on this adventure of looking at requirements without the runway that we need to get those things built into the vendors products and for us to put the processes in place and so on.

So, with that, first of all if anybody has any questions what I would suggest is we have Scott go over the grid with us so you can see which questions we need to answer and we have a really short window. We have between now and Friday to get our comments put together and Monday to review them. So, I know this is going to require some off line work and I know that some of us have made comments with other groups, including myself, so what I thought I would do is once we get the input this morning from this group and then I will add some of the input that I've put in on other groups and we'll do a lot of e-mail work this week.

We also have the opportunity to meet a couple of more times if we want to, at least once, because we're kind of short on this…and, you know, we kind of received it, which is here's what's been assigned to you and you've got about, you know, approximately a week to put your comments together and present next Wednesday at the Standards Committee. So, questions? Everybody got the e-mail yesterday?

David Kates – NaviNet – Senior Vice President, Clinical Strategy

Yes.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Okay, all right, why don't, Scott can you bring it up? Is it up? I'm dialing in?

Scott Purnell-Saunders – Office of the National Coordinator

Yeah, it's up on the …

John F. Derr, RPh – Golden Living, LLC – HIT Strategy Consultant

Yes.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

You want to kind of talk through it to show them what you've done and talk about how we're going to do this?

Scott Purnell-Saunders – Office of the National Coordinator

Sure, so, in the email yesterday there were two documents that were sent. The email, the document that is currently being displayed is the one that has the call out for just the Implementation Workgroup assignments so we're going to focus on that today. It is 19 pages, but it's not 19 pages full of questions a lot of them are just kind of blank spaces that we used to just kind of clear out some of the other comments for the other workgroups.

So, we'll start with ID #104, it may not be able to display everything on the screen, yeah, that works, and we'll just start with the, where it was displayed in the Stage 2 final rule, the Stage 3 recommendations and then the questions or comments and I'll read essentially left to right. EP objective, record the following demographics preferred language, sex, race, ethnicity, date of birth. EH objective, record the following demographics preferred language, sex, race, ethnicity, date of birth and date, and preliminary cause of death in the event of mortality in the eligible hospitals or critical access hospitals.

And the measures more than 80% of all unique patients seen by the EP or admitted by the eligible hospital or critical access hospitals or inpatient emergency department during the EHR reporting period as demographics recorded as structured data.

Stage 3 recommendation was to retire prior demographic objectives because it's topped out above the 80% threshold and the certification criterion, occupation/industry codes, sexual orientation, gender identity as an optional field and then disability status, differentiate between patient reported and medically determined and the need to continue standards work.

And the questions or comments listed are, do commenter's agree with retiring the measure or should we continue the objective, continuing to measure would need an additional number of objectives that providers would need to attest to.

Joe Heyman, MD – Whittier IPA

So, what you're saying is that you would retire the original objective but you would add that you have to put occupation and industry codes, sexual orientation, gender identity, disability status?

Scott Purnell-Saunders – Office of the National Coordinator

That's correct because the originals are top down.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

So, what we want to do is we want to – we don't have to get up to a whole synthesis at point, we want to get general reaction to these suggestions and think in terms of innovation, you know, do we have a standard that allows us to do what they're asking, is it already well-established or could it be easily established, is there an innovative way to do it and does this, you know, move forward patient care, which is, you know, at the end of the day that's what meaningful use is supposed to be all about. So, given that sort of fabric what do you think about, as a workgroup, what do you think about this recommendation? Let's go a different way, anybody have an objection to retiring what they're suggesting retiring?

John F. Derr, RPh – Golden Living, LLC – HIT Strategy Consultant

This is John Derr. This might be naïve but what does it mean by being topped off? That everyone is doing it so therefore we don't have to ask them to do it?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

That's pretty much what it means. I mean, this is one that we knew when we saw it the first time was going to be sort of what I call a no-brainer, we collect this information on all of our patients and always have.

John F. Derr, RPh – Golden Living, LLC – HIT Strategy Consultant

Right.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

And so it's one that, you know, you're really not … it's going to happen regardless and so there's no reason to use regulation or legislation to make us do it.

John F. Derr, RPh – Golden Living, LLC – HIT Strategy Consultant

And they're suggesting that we add a few more things like sexual orientation?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Exactly and that's probably what want, unless we have an objection to retirement what we probably want to do is look at what they're asking us to add to it. So, one of the ones that got my attention was sexual orientation. I don't have any objection to whether we add it or not, I don't know that it's codified. John, you're usually our expert in that area. Do we have a standard code for sexual orientation?

John Travis – Cerner Corporation

Not that, I mean, I would have to dig into it, I'm not aware that there necessarily is other than I think some things have been debated, I'm not sure anything in particular has been nominated. I'm opening up our comments to see if we made any statement as to that, let me look real quick. We're actually doing two different comment letters one on the certification criteria and one on the use requirement. Let me see if we put anything in it.

Anne Castro – BlueCross BlueShield of South Carolina – Vice President, Chief Design Architect

Can I ask a really, probably dumb question?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

I'll bet it's not a dumb question, Anne, ask away.

Anne Castro – BlueCross BlueShield of South Carolina – Vice President, Chief Design Architect

What does that have to do with furthering, you know, Stage 3 objectives?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Yeah, I wasn't sure either, that's not a dumb question at all.

John Travis – Cerner Corporation

Well, I think what they're doing is trying to set the stage for policy development around gender orientation and one thing they did in Stage 2 was that they created the ground work for that to be delineated from sex as in male/female so they've gravitated towards now Stage 2 relabeling what in Stage 1 was called gender to be labeled sex as a demographic element to capture I'm male, I'm female and now sexual orientation or gender orientation is actually being seen as my sexual preference based on my orientation.

So, I think they're doing it as a demographic collection to look at policies of, I don't know, benefits, definition or, you know, health studies for health services needs of transgender and gay, and lesbian populations. I'd gotten the impression, that's why they're doing it and trying to collect that as a distinct element from gender. I should say from sex as they're now labeling it.

Joe Heyman, MD – Whittier IPA

This is Joe, can I just ask, when I enter preferred language, sex and race, and ethnicity into my record does that go into a certain kind of HL7 language that everybody else's goes into the same language when they enter it into their medical record or is the requirement only that there be a place to enter it?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

That kind of goes with the same question I was asking Joe, is that I want to know if this is, if we're capable of capturing this in human language and translating it to another person's record via computer language, I think that's what you're asking right?

David Kates – NaviNet – Senior Vice President, Clinical Strategy

Yeah, I mean …

Joe Heyman, MD – Whittier IPA

Right. I guess the reason I'm asking it is because when you asked that question it started me wondering whether or not you could do that with the original request for Stage 1 and Stage 2?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

For language, sex, race, ethnicity and date of birth?

Joe Heyman, MD – Whittier IPA

Yeah.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Those translate, that's why I was asking that.

Joe Heyman, MD – Whittier IPA

Okay.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Yeah.

Joe Heyman, MD – Whittier IPA

That's what I wanted to know, so yes, so if this doesn't translate it doesn't make much sense to ask it.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

David Kates, did you have something?

David Kates – NaviNet – Senior Vice President, Clinical Strategy

Well, I was just going to add, I mean, the general trajectory of all this is to A: find a mechanism to capture it. B: to have it in a structured form and then C: to have it in a codified form. So, I mean, that was just mother and apple pie, but I don't know the…Liz or John, do you know specifically, does Meaningful Use Stage 2 and Stage 3 to Joe's question require that these data be captured in a structured fashion?

John Travis – Cerner Corporation

There's not a code set for it, there is a code set …

David Kates – NaviNet – Senior Vice President, Clinical Strategy

I know there isn't for sexual orientation, but …

John Travis – Cerner Corporation

Right, there is in version 3. In version 2 I think they called it sex, and in version 3 I think they called it gender just to add to our fun, but I think that there's not a requirement to necessarily use that. You have to capture the demographic element as a structured data element but not as a codified data element.

Joe Heyman, MD – Whittier IPA

Right.

David Kates – NaviNet – Senior Vice President, Clinical Strategy

Right.

Joe Heyman, MD – Whittier IPA

So, then I think if that's the case then I don't really see an objection to this except that it's extra work, but I mean it's not that much extra work.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Right.

Anne Castro – BlueCross BlueShield of South Carolina – Vice President, Chief Design Architect

Why wouldn't it be appropriate to put in future if codification needs to still be addressed?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Because, if what I'm thinking is that what we want to do is take steps toward codification. I mean, David kind of described it, you know, you capture it, you do it structured and then you codify it. So, we want to be open to taking step one and accepting that it's not codified yet. If we wait and that's where sort of the innovation and where Farzad is really pushing to say, please don't limit us, if you think this has value or could have value and we have a way of capturing it and sharing it then let's don't hamstring ourselves, but let's acknowledge in our comments that we have the capability of structuring it but it is not a set of requirements that currently are codifiable.

Anne Castro – BlueCross BlueShield of South Carolina – Vice President, Chief Design Architect

Okay.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Makes sense?

Anne Castro – BlueCross BlueShield of South Carolina – Vice President, Chief Design Architect

Yes, thanks.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Okay, now on disability – so, it sounds like we're okay. Disability status I certainly have no problem with that if we have a way of capturing it. The only thing I would ask is I don't know if this is pretty simple, you know, entry, you know, adding fields to an assessment of a patient, structuring it and getting it out from a vendor perspective, I mean, we capture some of this but I'm not sure how … we don't communicate it to others I know that. John, from your perspective is this overwhelming?

John Travis – Cerner Corporation

You know, I think it's still very hard to absorb exactly what the impact would be for that. I think we're still very head's down trying to focus on the credibility and feasibility of the whole of the requirement. There's other things that are more overwhelming.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Okay, so, what I'm hearing from the group and Scott we'll ask you to capture this, is that we agree with the retirement of the original demographic information and the addition of new demographic information recognizing that at this point from a capture perspective it's going to be structured data not codified and that we'd recommend that code sets be, you know, put on somebody's standard's group list to develop for the future if they want to do more with this.

John Travis – Cerner Corporation

Liz, where it gets a little odd and I reflect on the Stage 2 change of gender to sex in terms of the label and it sounds trivial, but it's impactful because those are the things that get not overwhelming in and of themselves but feel like change for the sake of change, because look at all the implemented systems you have out there that even if it's just a literal that you go in and change a label and reg conversations and search tools, and display panels you're creating a lot of work of that kind.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Okay.

John Travis – Cerner Corporation

And are you improving the quality of the data capture? So, I'd ask them, in any case, you know, don't introduce an element unless you've also introduced a convention for what you're going to call it.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Okay.

John Travis – Cerner Corporation

And don't change your mind in a future stage, because we're, you know, we've got some, we've got a minor thing to go deal with, with gender versus sex in Stage 2, I don't want to see them do that. So, if there's new elements that they're unsettled that's kind of the point, be certain of what you're going to call them, introduce …

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

So, Scott, what we want do is enter this as a general comment, it can be introduced here specific to this with the example of what they did in Stage 2 not an objection just simply a, you know, kind of use this as a rule-of-thumb.

John Travis – Cerner Corporation

Yes.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Any other comments on this one, so we can keep going?

Anne Castro – BlueCross BlueShield of South Carolina – Vice President, Chief Design Architect

I have a question?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Yes?

Anne Castro – BlueCross BlueShield of South Carolina – Vice President, Chief Design Architect

Is disability date implied? Because, right now it says disability status and you differentiate between patient reported and the actual medically determined.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Right.

Anne Castro – BlueCross BlueShield of South Carolina – Vice President, Chief Design Architect

Is the date implied or does that come along later? Does it come …?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

I mean, obviously the date is a significant piece of information, why don't we add that.

Anne Castro – BlueCross BlueShield of South Carolina – Vice President, Chief Design Architect

I would think.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Rather than assume one, it may be implied, but rather than assume that let's make the comment that we would suggest that, you know, that the date piece of it be included.

Joe Heyman, MD – Whittier IPA

And this is Joe.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Yes?

Joe Heyman, MD – Whittier IPA

Who is going to ask that question, the person at the front desk?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

I would say either the physician in the EP setting or the person doing the initial assessment in the EH setting which is frequently either a nurse or a medical student an intern or that sort of person. Why, Joe?

Joe Heyman, MD – Whittier IPA

Well, because I'm concerned that, I mean, I wouldn't even be able to answer this question for most of my patients, the disability status. I don't even know what their disability status is.

Anne Castro – BlueCross BlueShield of South Carolina – Vice President, Chief Design Architect

But is this not the Social Security one where they have it determined by some long process?

Joe Heyman, MD – Whittier IPA

That's why I was asking, because if it's the front desk person that's one thing and I don't necessarily know that my front desk person could do that.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

So, let's, so, we need two things. We need clarification of the definition of disability status and then if the group has a recommendation as to what that should be we should include it. So, we need a definition of disability status, and is our recommendation that this is the federal? I mean, when I was thinking about disability status I was thinking about the things that I would need to put into my care plan in terms of being able to help a patient be successful in future care not whether or not they qualify for disability status for, you know, from a federal perspective.

Joe Heyman, MD – Whittier IPA

Well, that's why I asked, because if it's my decision whether they're disabled.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Right.

Joe Heyman, MD – Whittier IPA

I mean, I don't usually make that decision.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

No, I hear you.

Joe Heyman, MD – Whittier IPA

And if it's the federal status I don't … the only way I would know that would be through billing if they're on Medicare for Disability.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Okay, so what we need is, in order to be able to better recommend our response to whether disability status should be included is a definition of what they consider to be disability status and then we can answer the question.

Joe Heyman, MD – Whittier IPA

Right.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Okay, let's move onto 105 unless others? Does anyone else have anything on 104?

John Travis – Cerner Corporation

I do on disability and this is just something that CMS is starting data collection on right now and that is on functional limitation and degree of impairment information. There are coding requirements, they are implementing HCPCS or CPT-G codes that they actually want documented in the record, you know, that's not just simply being documented as a billing, as a non-payable procedure code but an actual in the record they want to find evidence of it, right now it's for data collection and, you know, there may be payment policy developed based on kind of a value-based methodology for the efficacy of the service for the rehabilitation needs, but one of our comments is going to be, can you help us understand how what you're proposing here reconciles with what CMS is asking all therapy service providers to begin to do, which is to report a G-code that represents the functional limitation the patient has now that's not exactly disability status.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Right.

John Travis – Cerner Corporation

But kind of tell me how it's different, you know.

Joe Heyman, MD – Whittier IPA

And they're going to require every doctor to do that?

John Travis – Cerner Corporation

Every therapy service provider, yes, that you are now in a 6 month…

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

So, if you do PT in your office.

John Travis – Cerner Corporation

Yes.

Joe Heyman, MD – Whittier IPA

Oh, I see, only if you do PT.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Yes, or some therapy.

Joe Heyman, MD – Whittier IPA

Okay.

John Travis – Cerner Corporation

Right, a therapy service claims with Medicare Part B or under a core if that's where you get hit.

Joe Heyman, MD – Whittier IPA

Okay.

John Travis – Cerner Corporation

But still it's going to hit a lot of people who also might be participating in this program and if another documentation requirement emerges here, you know …

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

So, are we opening Pandora's Box by adding another comment that says, you know, we understand that functional status is going to be required in other parts of CMS is there a correlation to this disability function? I mean, at minimum we get them to think about …

John Travis – Cerner Corporation

That's all I'm after.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Yeah.

Joe Heyman, MD – Whittier IPA

Well, this is Joe, I mean, this is a selfish Joe speaking, I mean, I don't want to add any G-codes and I don't want to add any clicks that aren't necessary clicks.

John Travis – Cerner Corporation

Yeah.

Joe Heyman, MD – Whittier IPA

So, if you're asking me to determine a patient's disability that's not only an extra click but you're asking me something that I'm not capable of doing.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Well, which is where you would go back to if there's a federal designation and it's been received by the patient that they have a disability status then we would acknowledge that in the record right?

Joe Heyman, MD – Whittier IPA

Well, yes, I mean, I acknowledge that now.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Right. So, we'll ask for a clarification on disability status what the meaning of that is and suggest that a … you know, immediately we could, and probably already do, include functional status as determined by the Federal Government and that we need to work on, for the future, codifying or at least structuring how other types of functional status would be documented.

John Travis – Cerner Corporation

Yes.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Okay, Scott you got it?

Scott Purnell-Saunders – Office of the National Coordinator

Yeah, I'm working on it.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Okay, let's go onto 105. I can tell you already guys we're probably going to have another meeting. Okay, so 105, Scott do you mind or can everybody read it themselves? The Implementation Workgroup related to this has to do with the certification criteria for pilot setting, you know, can we incorporate this into certification for pilots?

Scott Purnell-Saunders – Office of the National Coordinator

Including it in there for pilot testing.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Vice President – Tenet Healthcare Corporation

Pardon?

Scott Purnell-Saunders – Office of the National Coordinator

It was including it for pilot testing.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Right.

Joe Heyman, MD – Whittier IPA

So, this is asking for pop ups, right? And something would pop up and say, "Hey, this patient might have diabetes, do you want to include it in the problem list?"

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Well, let's see.

Joe Heyman, MD – Whittier IPA

That's what it looks like to me.

David Kates – NaviNet – Senior Vice President, Clinical Strategy

Yeah, pop-ups or whatever the mechanism is, but to sort of have a recommendation engine based on …

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Yes.

David Kates – NaviNet – Senior Vice President, Clinical Strategy

The clinical data to suggest based on medication, based on labs, based on whatever.

Scott Purnell-Saunders – Office of the National Coordinator

Some sort of interface change not assuming …

David Kates – Senior Vice President Clinical Strategy – NaviNet

Yeah, yeah.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Yeah, so it's really a clinical decision support is what you're saying and that we would take the logic that the computer has like David just said, gathering certain facts and saying this is a possibility and would we recommend that that sort of decision making, decision support be incorporated into certification for pilot testing?

So, I'll tell you what I think and then you guys please chip in. You know, to do pilot testing on this sort of thing when we know decision support is going to continue to be advanced in the future is a really good idea, obviously when you agree to pilot testing you're eventually agreeing to it being wide-scale usage. So, I would rather see them put it in pilot testing and work out how to use it, how it works, what the logic is like, you know, is it plausible, what does that do for our vendors and that sort of thing prior to it becoming, you know, part of the main fabric of the meaningful use requirements. Others, please? Joe or David?

Joe Heyman, MD – Whittier IPA

Well, I would agree with that. I don't understand why it's here if it's for pilot testing.

David Kates – NaviNet – Senior Vice President, Clinical Strategy

Yeah, I think it's a bridge too far, but, you know, I think while an interesting notion that it ought to be, you know, in that broader category clinical decision support and defer.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Well, I think what the policy group, and this is me guessing for them, I think what the policy group is trying to do is say are there some other things that we ought to start to test now that would give us, you know, sort of the fabric for Meaningful Use 4 or 5 and so they're just, I think this is not, I realize that it's a stretch, but I think it's also just like we said in 3 you ought to add these things or in 3 you ought to push these things, this is saying should we start testing for this or not and the group didn't say no.

Anne Castro – BlueCross BlueShield of South Carolina – Vice President, Chief Design Architect

Do …

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Yes, Anne?

Anne Castro – BlueCross BlueShield of South Carolina – Vice President, Chief Design Architect

Do we need to be more specific on this, it kind of – I know how many different conditions based on lab results or other information can be triggered, do we need to start with a specific list or is it all? And then how do you test; I mean diabetes is a fast easy target, but what about everything else?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Well, I think when we say, that is a comment that we can make back that we were in favor of the concept, we think it should be limited to significant problems in population health diabetes being one of them and that that's where we would start to, you know, get our feet underneath us is if we could take, you know, the example they give, if you're taking hyperglycemic medications but diabetes isn't on your problem list then there is a disconnect.

So, if we said to them, we are in favor of piloting, you know, certification criteria for decision support related to, you know, I don't what the right word is, you know, significant or one or two chronic disease stage set or negatively impacting population health, or something like that then we'd be in favor of it, we're not interested in opening Pandora's Box and having it go after, you know, things that are not as easy to put your arms around then say diabetes or hypertension. Is that what you're saying, Anne?

Anne Castro – BlueCross BlueShield of South Carolina – Vice President, Chief Design Architect

Yes, I'm concerned that vendors would then be … they would all come up with their own criteria and it wouldn't be the same across the board and that certification and testing would become a challenge.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

So, you're saying that we should limit it. So, again, we're saying we should limit to a very specific set of population health problems.

Anne Castro – BlueCross BlueShield of South Carolina – Vice President, Chief Design Architect

Like a minimum requirement, diabetes.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Right.

Anne Castro – BlueCross BlueShield of South Carolina – Vice President, Chief Design Architect

Hypertension, you know, I don't know.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Obesity and that's it or something like that? How does the rest of the group feel about that approach or do you still feel, David in particular, that this is too far of a reach and we shouldn't go there yet?

David Kates – NaviNet – Senior Vice President, Clinical Strategy

I'll comment, I mean, I think it's more focused if we can – it's more palatable if we can focus it on both things that are meaningful and, you know, narrow it just to get our toe in the water. I think it's incredibly powerful, but as stated it's just too broad. So, I think with the comments that you've added around, you know, the top 5 chronic diseases and maybe focusing on labs, and medications or something of that and narrow it as much as possible.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

That's a great idea. Others?

John Travis – Cerner Corporation

Yeah, this is John, Liz. I was thinking, my laptop crapped out right in the middle of the conversation, but the thought I was going to offer if it's relevant is it echo's David, left as defined I don't know where I would begin to corral it or scope it and I guess it depends on are you trying to prove out a capability that may be of great benefit and here's a means by which you can test it out but it could be anything in the implementation.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Right.

John Travis – Cerner Corporation

And that's where I get more concerned, are you dictating something that should be implemented or is this more like the CDS objective in Stage 1 where it's just relative to your condition or I should say your population service areas needs pick one relevant to you. So, is the certification about a capability that just generally we leave it to implementer to determine how they go after using it or we are we being prescriptive for the conditions we want them to certify and then use?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Well, I would hope …

John Travis – Cerner Corporation

It makes a difference.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Yeah, it does and I think that challenge becomes…we had a discussion not long ago about the fact that if you're an oncology hospital and obesity is one of the areas that you get asked to report on that is generally not a problem in the population that you serve.

John Travis – Cerner Corporation

Yeah.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

And so you have to be thoughtful in that process in how you … what kind of parameters you put around it. Scott, why don't you try to capture the general essence of what we said and then we can clean it up, in other words, I think generally speaking we're not opposed to it as long as there are clear parameters and rationality put around it and that we don't create, like we were just talking about, a nightmare where there is some balance between allowing people to pick a problem that's appropriate to their population they serve versus not asking vendors to be prepared to come up with, you know, I mean there's hundreds you could come up with that are not … I like … you know, much more comfortable with more of the chronic sort of nationwide issues, but we will, and Joe once we get it kind of written up we'll ask you to weigh in. We really run into problems when we get into the EP world for the super specialists, because the things that, you know, they may not treat a particular kind of problem at all, it just simply has nothing to do with their practice.

Okay, let's go onto 106, this is what we were asked to again look at is can we incorporate this into pilot testing and we're looking for EHR data, medication filled and dispensed for free text searching for medications support, maintenance of up-to-date and accurate medication lists. So, I would turn to David and John in particular over, you know, in the medication world, is this plausible?

David Kates – NaviNet – Senior Vice President, Clinical Strategy

You're looking at 106 now?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Yes.

John Travis – Cerner Corporation

I'm opening up our comment letter my laptop's coming back because we had some statements on this.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

So the certification criteria says use other EHR data such medications filled or dispensed, or free text searching for medication support and ensure maintenance of up-to-date and accurate medication lists.

David Kates – NaviNet – Senior Vice President, Clinical Strategy

So, I'll comment specifically on the filled or dispensed there are transaction standards in the ePrescribing world, you know, in the ambulatory, outpatient world that exist and there's a long version of that story, but I'll spare you the details, the short version is that it's not widely adopted and, you know, not readily available.

So, I think it's a great idea I'm totally supportive of leveraging that and this might create the impedance but I think, you know, in terms of establishing it as a certification criteria and testing for it, there may need to be a prerequisite step unless I've missed a meeting that we've established that wide-spread adoption of that fill or no fill transaction be implemented and be consumed by EMRs, I don't think that exists yet and therefore this would be premature.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Yeah, it doesn't exist on the hospital side. Joe, does it exist in your world?

Joe Heyman, MD – Whittier IPA

Well, I'm looking at the first sentence here that says, "Use of problems and lab test results to support clinicians' maintenance of up-to-date accurate medication lists." That scares me, because I don't … it just sounds like what is going to happen if there's a diabetes … if there's an elevated blood sugar you're going to get a pop-up or something that says, "Is this patient on a medication for diabetes and is it in the medication list?"

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

So …

Joe Heyman, MD – Whittier IPA

I mean, it sounds like there's going to be lots of pop-ups.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Yeah, I read it a little differently; I see what you're talking about. I read that this was our opportunity to look at incorporating data on either filled or prescribed medications to keep the medication list more up-to-date and like, David, we're not – I can tell you we're not doing that on our side and other hospitals may, I don't want to speak as if we're the only one because we're not, but we are not doing that, we don't have a way to do it.

David Kates – NaviNet – Senior Vice President, Clinical Strategy

Yeah, I mean fill and no fill is really more of an ambulatory thought anyway, I mean the medication administration record in the inpatient setting, but I mean, there's more of an expectation in the hospital that if there's and order on the floor that it's going to get administered to the person.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Exactly.

David Kates – NaviNet – Senior Vice President, Clinical Strategy

So, it's a different animal than when Joe writes a script and the patient walks out, you know, with an electronic reminder or with a piece of paper there's a huge probability that they're not going to fill it or even if they fill it they're not going to take it and so it's kind of …

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Exactly and that is the other catch on it just having a filled medication doesn't tell you that it's actually an active medication if you qualify an active medication as one that you're actually taking.

David Kates – NaviNet – Senior Vice President, Clinical Strategy

Right, but I think …

Joe Heyman, MD – Whittier IPA

But there still is that first sentence though.

David Kates – NaviNet – Senior Vice President, Clinical Strategy

Yeah.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Yeah, there is.

David Kates – NaviNet – Senior Vice President, Clinical Strategy

Yeah, so I think …

Joe Heyman, MD – Whittier IPA

And I think that's a certification criteria.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Yeah, so we need to …

Joe Heyman, MD – Whittier IPA

I mean, maybe that's a good thing, I don't know I've never seen it, but it just sounds to me like we're going to be having pop ups galore when you're trying to see a patient because every time you enter something there will be a pop up.

Anne Castro – BlueCross BlueShield of South Carolina – Vice President, Chief Design Architect

This is in conflict with 105; you could go in a circle, right? I mean, problem list, medication …

Joe Heyman, MD – Whittier IPA

Oh, that's right, if …

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Yeah, yeah, you could.

Joe Heyman, MD – Whittier IPA

You could end up with – you've got diabetes on the problem list but you don't have her on a medication.

John Travis – Cerner Corporation

Well, here's an observation and this is probably more on 105 than 106, you know, perhaps this kind of thing needs to be folded into the standing CDS, you know, you've just got an opportunity for lots of prescription here, pardon the pun sort of intended, that absent the prescription I don't know what this … how you would test for these as a collective, but with prescription I'm not sure that they wind up being applicable for everybody. So, maybe there's got to be real careful thought as to maybe these are flavors of CDS that just simply are ways to demonstrate CDS capability without them being broken out on their own. And, I agree with David, there's … 106 is problematic without some interoperability being in effect and in use to be real credible.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

So, we'll go back … so I think we should tie the two together and we should point out the use today related to managing and being acknowledged that a prescription has been filled and/or I mean they don't really say take it, I mean what they, you know, they don't say administer, they really say either filled or dispensed to me I'm not sure what the difference is in the pharmaceutical world, I mean, I guess technically you could say you put the pills in the bottle and you dispense it by giving it to the patient I suspect, but I'm not sure why they differentiate it.

John F. Derr, RPh – Golden Living, LLC – HIT Strategy Consultant

That's right, Liz, this is John Derr.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Okay. So, I think where we're landing is that we think this is a good idea in the long-term to be able to have this information available for the healthcare provider but it is not a standard that's well, it's a standard that's available is that right, David, but not well implemented or not being used, is that correct?

David Kates – NaviNet – Senior Vice President, Clinical Strategy

Yeah, it's not widely adopted.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Okay.

Joe Heyman, MD – Whittier IPA

Is there a problem that this is trying to solve?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

I don't know.

Joe Heyman, MD – Whittier IPA

Is there a problem out there in the world where somebody has diabetes on a problem list and they don't give the patient diabetes care?

David Kates – NaviNet – Senior Vice President, Clinical Strategy

I mean, I can see … it seems like there's two, one, the one that is causing us the most angst is that, hey this patient has got CHF and it doesn't look like there's an ACE or an ARB on their medication list maybe you should check to see if they're taking it and it was prescribed by their cardiologist, that one is challenging. The other one is the flip side of that, which is that, you know, they're on an antihypertensive but they don't seem to be filling it, so it's on their medication list but you might need to have a conversation about whether they're taking it and whether to remove it from the medication list and/or to talk to them about being more compliant.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

So, Joe, from a physician's perspective how does that make you feel? I mean, I know how our physicians react to the fact that suddenly they're responsible for their patients not filling medications.

Joe Heyman, MD – Whittier IPA

Right, I mean, I don't know. It just seems to me like … I'm just worried about what this EMR is going to look like after.

Anne Castro – BlueCross BlueShield of South Carolina – Vice President, Chief Design Architect

You know, I have an observation because I'm a payer and what we do is we look at gaps in care after … with a lot of data feeding it that then is a trigger to maybe look at a patient, now this is telling me that it's trying to have all the gaps in care integrated into the EMR, and I don't, you know, I'd like to know your thoughts on the feasibility of that all being there. You know, there is a point at which this is an information collection tool, but is it how to take care of a patient tool as well?

Joe Heyman, MD – Whittier IPA

Yeah, this is the argument that what is the purpose of an EMR? It isn't really to accomplish Meaningful Use.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Right.

Joe Heyman, MD – Whittier IPA

It's mostly there to record data and make that data available to others.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Right.

David Kates – NaviNet – Senior Vice President, Clinical Strategy

Yeah, and, I mean back to …

Joe Heyman, MD – Whittier IPA

And not to prescribe care and I just …

Anne Castro – BlueCross BlueShield of South Carolina – Vice President, Chief Design Architect

I think this is crossing the line.

Gary Wietecha, MD – NextGen Healthcare

This is Gary, you know, one other observation I'm having here is the line that says a medication that's been on there for over a month, one of the big issues that we've had with our patients or with our physicians is the fact that they leave the data … they leave open-ended antibiotics and other things, and when that data is shared by an HIE the patient comes over with these huge lists. So, another thing that…I'm not sure if they're trying to get at it with this, but it's the expansion of, you know, cleaning up the data so that you're getting things off of there, putting end dates and keeping the data as clean as possible for transfer, and communication, and sharing with others.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Yeah, that's interesting.

Anne Castro – BlueCross BlueShield of South Carolina – Vice President, Chief Design Architect

Well, isn't that done when a person presents themselves to the physician and they talk to the front door person who then updates everything?

Gary Wietecha, MD – NextGen Healthcare

If they do that. Medication reconciliation, I think this is like a next level of medication reconciliation.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Yeah, it is.

Gary Wietecha, MD – NextGen Healthcare

To say there it is, okay, you're supposed to be reconciling but are you getting everything, are you missing anything and this is really just another level to use it and expand it out with, well maybe this is a chronic condition and you should look at other options as well.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Okay.

John F. Derr, RPh – Golden Living, LLC – HIT Strategy Consultant

It's trying to incorporate clinical support and decision making software into the EHR.

Gary Wietecha, MD – NextGen Healthcare

Yeah.

John F. Derr, RPh – Golden Living, LLC – HIT Strategy Consultant

And not to add another level of complexity, this is John Derr, but, you know, when you look at transfers to nursing homes and the home care and all the rest of that stuff that's not included in here it even gets more complicated and it gets to be a bridge too far.

David Kates – NaviNet – Senior Vice President, Clinical Strategy

Yeah, now, and I go back to, this is Dave again, I go back to Anne's comment that or the broader spirit of it namely that it's sort of beyond the scope of the encounter documentation and effective care delivery in a patient provider relationship, you know, encounter that it, you know, in order to be effective it's got to look more broadly across, you know, all the care, the longitudinal care being delivered and while you could argue that EHRs by definition, it just seems like the EMR's focus ought to be on the accurate interaction with the patient and not try to expand it beyond that.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

So, we are – I think we've got the concepts down, again, I think Scott we're relying on you heavily, but if you'll get the comments out right away even to the best of your ability then we can help you edit today or tomorrow. I would suggest to the group that we need to meet at 8:00 on Wednesday, MacKenzie is that time available?

David Kates – NaviNet – Senior Vice President, Clinical Strategy

Eight o'clock central?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Yes …

David Kates – NaviNet – Senior Vice President, Clinical Strategy

…

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Yeah, you better be clear.

MacKenzie Robertson – Office of the National Coordinator

The morning of Wednesday the 9th is still open until 11:30 so we can do 9:00, how long do you want to meet for?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

At least an hour to get through this, what do you guys think?

MacKenzie Robertson – Office of the National Coordinator

Do we need more than an hour because we can do more than an hour?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

I will do whatever the group can deal with. I can do 8:00 to 10:00 on Wednesday morning, but I don't know. Those who can join can join.

John F. Derr, RPh – Golden Living, LLC – HIT Strategy Consultant

That would be better than two days wouldn't it?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Yeah, because otherwise we're going to end up meeting on Friday too and we really ought to have our comments finished by then.

Anne Castro – BlueCross BlueShield of South Carolina – Vice President, Chief Design Architect

And I'm unavailable all day Wednesday, sorry.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Okay, but you can comment once we get the stuff out Anne.

Anne Castro – BlueCross BlueShield of South Carolina – Vice President, Chief Design Architect

Sure.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Okay.

MacKenzie Robertson – Office of the National Coordinator

So, we want to do 9:00 to 11:00 is that what you said?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Is that Eastern?

MacKenzie Robertson – Office of the National Coordinator

Eastern Time so 8:00 to 10:00 Central.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Yes.

MacKenzie Robertson – Office of the National Coordinator

Okay. I will have that appointment sent out.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Okay, great and then do you want to open for comment?

Public Comment

MacKenzie Robertson – Office of the National Coordinator

Sure, operator could you please open the lines for public comment? Operator?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

It feels like Monday morning.

Caitlin Collins – Altarum Institute

Yes. If you are on the phone and would like to make a public comment please press *1 at this time. If you are listening via your computer speakers you may dial 1-877-705-2976 and press *1 to be placed in the comment queue. We do have a comment from Carol Bickford.

Carol Bickford – American Nurses Association

Good morning, I wanted to identify there is a problem with the technology dialing in to be able to view the screens, so it took a while to figure out what you guys were talking about and retrieving a document that I had in place.

I appreciate the concern for the workgroup to identify that the constraints or proposed recommendations are talking about how you do your practice rather than making the data available, that is very disconcerting because what support conditions are for one clinician are not support conditions of concern in their own practice space for their population. So, I appreciate the affirmation that you're thinking about the clinicians who are doing things the best they can in their space and not constraining their practice.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Thank you, Carol.

MacKenzie Robertson – Office of the National Coordinator

Are there any other public comments?

Caitlin Collins – Altarum Institute

We do not have any more comment at this time.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President

Well, thank you everybody and we will be on the phone on Wednesday from 8:00 to 10:00 for all of those who can join us.

Scott Purnell-Saunders – Office of the National Coordinator

Thanks.

MacKenzie Robertson – Office of the National Coordinator

Thanks, everybody.

Gary Wietecha, MD – NextGen Healthcare

Thank you.

David Kates – NaviNet – Senior Vice President, Clinical Strategy

Thank you.

John Travis – Cerner Corporation

Thank you.